

COPY OF PAPERS
ORIGINALLY FILED

PTO/SB/21 (08-00)

Please type a plus sign (+) inside this box → ☐

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

2855

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/994,257	
	Filing Date	11/26/2001	
	First Named Inventor	Martin Andrew Schlosser	
	Group Art Unit	2855	
	Examiner Name	Lilybett Martir	
Total Number of Pages in This Submission	2	Attorney Docket Number	35015/002

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		It is believed that no fees are due in this matter. However, if it is determined that fees are due, the Commissioner is authorized to debit Deposit Account No. 03-1725 for the required fees.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Donald M. Duft Reg. No. 17,484
Signature	<i>Donald M. Duft</i>
Date	25 July 02

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: 7/30/02			
Typed or printed name	Peggy L. Nieto		
Signature	<i>Peggy L. Nieto</i>	Date	7/30/02

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

RECEIVED
AUG 19 2002
2800 MAIL ROOM
AUG 26 2002
3700 MAIL ROOM



COPY OF PAPERS
ORIGINALLY FILED

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTO/SB/122 (10-01)
Approved for use through 10/31/2002. OMB 0651-0035
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

5-
Drawings
attached
10/11/01
8-28-02

**CHANGE OF
CORRESPONDENCE ADDRESS
Application**

Address to:
Assistant Commissioner for Patents
Washington, D.C. 20231

Application Number	09/994,257
Filing Date	11/26/2001
First Named Inventor	Martin Andrew Schlosser
Group Art Unit	2855
Examiner Name	Lilybett Martir
Attorney Docket Number	35015/002

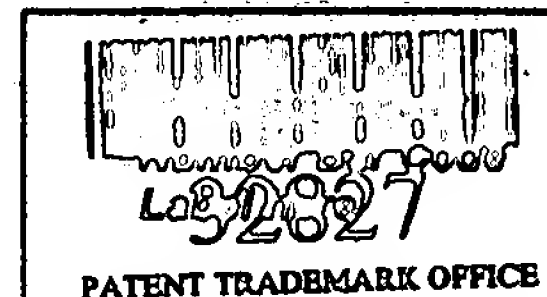
Please change the Correspondence Address for the above-identified application to:



Customer Number

32827

Type Customer Number here



OR



Firm or
Individual Name

Address

Address

City

State

ZIP

Country

Telephone

Fax

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the :



Applicant/Inventor.



Assignee of record of the entire interest.

Certificate under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).



Attorney or agent of record.



Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____

Typed or
Printed Name

Donald M. Duft Reg. No. 17,484

Signature

Donald M. Duft

Date

25 July 02

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.



*Total of _____ forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

RECEIVED
AUG 19 2002
TC 2800 MAIL ROOM

RECEIVED
AUG 26 2002
TC 3700 MAIL ROOM